Application Form - Rental

Team experience and financial inform Torganization Name Contact Person Name: Name: ne Number:		
t Name: :Name: ne Number:		
t Name: :Name: ne Number:		
: Name: ne Number:		
ne Number:		
II A alaba a a a		
ail Address:		
Organization Address		
ress		
, State		
Code		
projects in a timely manner.	If person dedicated to the succe	ess of the proposed project are more likely to complete the Years of Experience
	. 130	• 0-5 years
		• 6-10 years
Executive Director		• 11+ years
		• 0-5 years
Managament Campany		• 6-10 years
Management Company		• 11+ years
		0-5 years6-10 years
Construction Manager or GC		• 11+ years
		• 0-5 years
		• 6-10 years
		• 11+ years
Finance Director		
Finance Director Financial Information:		
_	nonprofit?	

E⊒ Have you had an audit with the past 24 months?
☐ Yes ☐ No
Does your most recent audit have findings?
☐ Yes ☐ No
Does your organization have positive operational cash flow?
☐ Yes ☐ No
Does your organization have positive net worth?
☐ Yes ☐ No
Are you applying for the small organization set aside?
Reminder: This category is applicable to organizations with operating budgets below \$2,000,000. Awards in this category are cappat \$750,000.
☐ Yes ☐ No
Project Funding: Please enter 0 for any funding source not applicable to this specific proposal. Consideration to the full capital stack here is reflected in the scoring matrix.
Total Project Cost
Total cost for acquisition, construction/rehab, developer fee, and other soft costs.
Total Barnes Fund Request
Reminder: No more than 20% of the Barnes award can go toward the developer fee.
Total Loan Amount
i.e. conventional financing
Total from Other Grants
✓ Will your proposal have any of the below funding sources in the deal?
☐ LIHTC ☐ MDHA ☐ THDA (other than LIHTC)
☐ CITC ☐ NMTC

☐ None of these apply	
4 Please list any other grant sources and the associated amounts if there is r	more than one.
Limit: 200 words	
Total from Other Funding Sources	
i.e. other funding not in the form of a grant or loan	
Please list any other funding sources and the associated amounts if there is	s more than one.
Limit: 200 words	
4 Project Name:	
({{ submission.title }})	
Project Type:	
☐ Single Family ☐ Multi-Family	
■ Does your proposed site(s) fall within the Urban Zoning Overlay (UZO)?	
To determine whether a proposal is eligible, please visit the <u>Planning Departmental Planning Departmental Pla</u>	
☐ Yes ☐ No	
■ Will your proposal include more than one address?	
☐ Yes ☐ No	
Address #1	
If your specific street numbers have not yet been assigned by Public Works, pl relevant street.	lease enter the range of units (i.e. 0-5) for each
eet Address	
<u> </u>	
Code	

Council District:	•1
	•2
	• 3
	• 4
	•5
	• 6
	• 7
	• 8
	• 9
	• 10
	14 additional choices hidden
	• 26
	• 27
	• 28
	• 29
	• 30
	• 31
	• 32 • 33
	• 34
	• 35
	- 35
Number of Units	
Address #2	
If your specific street numbers have no	ot yet been assigned by Public Works, please enter the range of units (i.e. 0-5) for each
relevant street.	or you book addigned by I done worke, pleade office the fainge of arms (i.e. o of for each
Street Address	
Sileet Address	
City	
Zip Code	
	-4
Council District:	•1 •2
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	14 additional choices hidden
	• 26
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	• 29
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	• 31
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	• 34
	• 35
Number of Units	

Address #3

Street Address City Zip Code Council District: 1 2 3 4 5 6 6 7 7 8 8 9 10	relevant street.		
Zip Code Council District: 11 22 33 44 55 66 77 88 99 10	Street Address		
Zuncil District: 11 22 33 44 55 66 77 88 99 10 1 4 additional choices hidden 28 27 28 29 30 30 31 31 32 29 33 34 34 35 Number of Units Proiest Information: 1 Proiest Information: 1 In 300 words or less, summarize your proposed project. Please include any special considerations given to the current community need, populations served, reduction of barriers, and/or access to nearby high-need community assets or services. 1 In 300 words or less, summarize your proposed project. Please include any special considerations given to the current community need, populations served, reduction of barriers, and/or access to nearby high-need community assets or services. 1 Is your proposal intended to serve a specific population? Yes No 2 Select the population(s) your project will serve. Please note that this is not scored, but used as an internal navigetion tool to better direct constituents looking for housing.	City		
Council District: 1			
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	Limit: 200 words		
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If your specific street numbers have not yet been assigned by Public Works, please enter the range of units (i.e. 0-5) for each

Seniors (62 years and up) The Unhoused Population Larger Families Veterans Victims of Domestic Violence Youth (under 26 years) New Americans
🛂 In 300 words or less, please describe the outreach and marketing plan.
Please describe specific efforts that would be made to increase awareness about the available housing related to income restrictions. How does your organization ensure residents of diverse backgrounds are made aware about the available units? How is resident selection prioritized if there is a waitlist?
In 200 words or less, please describe how the proposed development will complement the evolving neighborhood and any design features that stand out or contribute a value-add to the community as part of the overall development.
Site control is in the form of:
• Option
Signed Sales Contract
Deed in Hand Metro Let Departies
Metro Lot DonationSigned 99-year Ground Lease
If requesting Metro-owned lots, please list the parcel addresses:

Is the site zoned for the proposed activity?
Yes
□ No
4 If the property is not zoned, please describe what steps have been taken in the rezone process thus far.

Building Information:
Please enter 0 for any item not applicable to this specific proposal.
Number of elevators:
Number of floors in tallest building:

✓ Please select the project type of your proposed development	
Acquisition Demolition Rehabilitation New Construction	
■ The units are:	
☐ Occupied ☐ Unoccupied ☐ Both	
Is relocation proposed?	
☐ Yes ☐ No	
■ Were any of the buildings built before 1978?	
☐ Yes ☐ No	
4 Has a lead based paint test been performed?	
Are there any other environmental concerns present?	
☐ Yes ☐ No	
Mhat are the concerns?	
Please include information about remediation.	
For projects proposing rehabilitation, please provide a narrative of the type existing major systems such as the HVAC, electrical, plumbing, and roofing.	e of rehabilitation proposed. Include the age of the
■ Are utilities available at the proposed site?	
☐ Yes ☐ No	
If no, which utilities are not available?	
■ Are you proposing building more than one unit per lot?	
☐ Yes ☐ No	

Rental Information:		
Will this be a mixed-use develo	pment?	
☐ Yes ☐ No		
If your development will be mix	ed-use through commercial or creative	space on-site, please explain.
Please include information about a community, to residents, a combin	•	residents, how the space is accessible and to whom (the
		<u> </u>
Will there be services on-site?		
☐ Yes ☐ No		
Please indicate the type of serv Limit: 200 words	rices and the funding sources.	
! Unit Information: Reminder: Barnes funding cannot	apply to units above 80% AMI	
	Total Number of Units	Barnes-Funded Units
<30% AMI:		
30-60% AMI:		
60-80% AMI:		
>80% AMI:		
Will tenants pay their own utiliti	es?	
☐ Yes ☐ No		
Please describe the amenities	included in the units and the heating ar	nd cooling system that will be provided for the unit.
		<u>—</u> <u>—</u>
		<u> </u>
Will the project use Housing Ch	noice Vouchers (HCVs) or certificates?	
Please note that this is not scored,	but used as an internal navigation tool	I to better direct constituents looking for housing.
☐ Yes ☐ No		
Will the project use Project Bas	ed subsidies (PBVs)?	
Please note that this is not scored,	but used as an internal navigation tool	I to better direct constituents looking for housing.
N Vas		

	Floor Plan/Bedrooms	Barnes-Funded Units	Non-Barnes Funded Units
What is th	e estimated investment per unit	to develop?	
What is th		to develop?	
Certificate The undersigned she certificate The ligion, nation unding entity of the certification on the ligion authoremation on the ligion and the ligion a	ions: ned hereby certifies that all the in es that they will abide by all Fair nal origin, disability or familial sta deems necessary. The undersig r materials needed and may requ	formation provided on this form and Housing principles which prohibit dis- itus. The applicant further agrees tha ned understands that the Barnes Ful ire changes in information submitted on necessary for the review of this ap	any attachment is true, correct and complorimination on the basis of race, age, genot verification may be obtained from any so and reserves the right to request additional by the applicant and by signing this application. The undersigned further attests
Certificate The undersigned she certificate The ligion, nation and the certification of the c	ions: ned hereby certifies that all the ines that they will abide by all Fair nal origin, disability or familial statems necessary. The undersiger materials needed and may requizes the release of any informatic	formation provided on this form and Housing principles which prohibit dis- itus. The applicant further agrees tha ned understands that the Barnes Ful ire changes in information submitted on necessary for the review of this ap	crimination on the basis of race, age, genot t verification may be obtained from any so and reserves the right to request additional by the applicant and by signing this applic